

INDIVIDUAL  
MEDICARE SUPPLEMENT COVERAGE  
Sold in New Jersey  
By

AMERICAN PROGRESSIVE LIFE AND HEALTH INSURANCE COMPANY OF NEW YORK

Telephone: 1-800-645-4116

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS				
PLAN	MONTHLY PREMIUM AT AGE 65 (INCREASES WITH AGE)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$952 DEDUCT. (2006)	\$238 COPAY FOR DAYS 61-90 (2006)	\$476 COPAY FOR DAYS 91-150 (2006)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$119 COPAY FOR DAYS 21-100 (2006)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$124 ANNUAL DEDUCT. (2006)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE	
A	FNS 84.48 FS 97.21 MNS 92.87 MS 111.78	Yes**	3 mos.		Yes	Yes	Yes					Yes		Yes				
B	FNS 117.03 FS 134.65 MNS 128.75 MS 148.02	Yes**	3 mos.	Yes	Yes	Yes	Yes					Yes		Yes				
C	FNS 140.92 FS 162.04 MNS 155.03 MS 178.27	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
D	FNS 122.01 FS 140.18 MNS 134.10 MS 154.29	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes	Yes		
E	FNS 123.21 FS 141.66 MNS 135.39 MS 155.77	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes		Yes	
F	FNS 145.35 FS 167.11 MNS 159.83 MS 183.80	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes <sup>100%</sup>	Yes	Yes			
*F (with a \$1790 deductible)	FNS 58.10 FS 66.86 MNS 63.91 MS 73.60	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes <sup>100%</sup>	Yes	Yes			
G	FNS 102.34 FS 117.73 MNS 112.63 MS 129.54	Yes**	3 mos.	Yes	Yes	Yes	Yes	Yes				Yes	Yes <sup>80%</sup>	Yes	Yes	Yes		

FNS = FEMALE NON-SMOKER      FS = FEMALE SMOKER      MNS = MALE NON-SMOKER      MS = MALE SMOKER  
NON-SMOKER RATES APPLY TO APPLICATION SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

NOTE: ABOVE PREMIUMS DO NOT INCLUDE A ONE-TIME \$25 POLICY FEE.

\* POLICYHOLDERS ARE RESPONSIBLE FOR PAYMENT OF EXPENSES UP TO THE DEDUCTIBLE. THE POLICY WILL PAY COVERED EXPENSES ONCE THE DEDUCTIBLE IS MET. A SEPARATE DEDUCTIBLE APPLIES TO THE FOREIGN TRAVEL EMERGENCY BENEFIT.

\*\* SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)

\*\*\* PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY (See Guide to Health Insurance for People with Medicare.)

(This information may also be found on our web site at [www.state.nj.us/health/senior/ship.shtml](http://www.state.nj.us/health/senior/ship.shtml))

STATE OF NEW JERSEY  
STATE HEALTH INSURANCE  
ASSISTANCE PROGRAM  
S.H.I.P.  
DEPT. OF HEALTH & SR.  
SERVICES  
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